

(Rev 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Joseph L. Bolden 245653
(Name of Plaintiff) (Inmate Number)

1781 Paddock Rd Smyrna, Pa 19977
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

0607019797
(Case Number)
(to be assigned by U.S. District Court)

(Complete Address with zip code)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

VS.

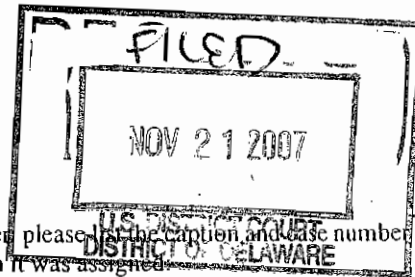
(1) Kiera Winchester
(2) "Jane Doe"
(3) "Jane Doe"

(Names of Defendants)

(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please state the caption and case number including year, as well as the name of the judicial officer to whom it was assigned.



DO scanned
TFP

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • ☒ Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • ☒ Yes • • No
- C. If your answer to "B" is Yes:
1. What steps did you take? GRIEVANCE
 2. What was the result? Nothing as yet
- D. If your answer to "B" is No, explain why not:

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Kecia Winchester
 Employed as Probation officer at Probation & Parole Building
 Mailing address with zip code: Probation Office
Dover, Del 19907
- (2) Name of second defendant: Heather
 Employed as Tasc officer at Tasc
 Mailing address with zip code: 805 River Rd, Dover, Del 19907
James W. Williams Service Center
- (3) Name of third defendant: State of Delaware, Superior Court
 Employed as _____ at _____
 Mailing address with zip code: Superior Court 38 The Green, Dover
Del

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. Mental Health treatment or evaluation
was not given by Tasc referral. Substance
Abuse treatment unsuccessful by Tasc.
Had not violated Probation / Completed
drug treatment.
2. Probation was aware of how unsuc-
cessful the Mental Health Treatment,
Evaluation was going. STATE of Delaware
used improper procedure in Court took my
not honoring the Law for Granted.
3. I, myself, the Plaintiff have completed
successfully substance abuse treatment,
sought on Court Court went over the time
to hear my case, used improper sentencing
procedures. Gordon, 1992, 961 F.2d 426
2003 2020

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. The time that I have been incarcerated
I have been taken away from my
job. If there could be any way I could
get reimbursed?

2. my supervisors, employers, needs to know that my background, criminal background history is clean and free.

3. acknowledge that I am a veteran, I have had Veterans, VA Counseling.

med: 4/30/2008 STRO: 4/6/2008 Ag: 4/6/2008

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of June, 2007.

Joseph L. Bulden

(Signature of Plaintiff 1)

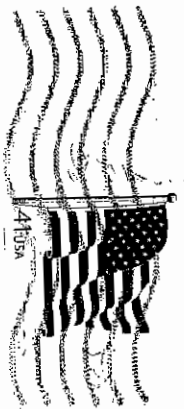
(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

IM Joseph L. Bolden
SBI# 248683 UNIT Shur
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

A07

WILMINGTON DE 197
20 NOV 2007 PM 3 T



Clerk

U.S. District Court
Lockbox 18
844 N. Kings Street
Wilmington, DE 19801

1350143513

